

# SYPHILIS ELIMINATION ACTIVITIES RFP

## APPLICATION CHECKLIST

**Legal Name of Applicant:** \_\_\_\_\_

Application is for (mark all that apply): ☐ Part A ☐ Part B ☐ Part C ☐ Part D

Instructions: This Checklist must be completed and submitted with the RFP application. It is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted.

### APPLICATION CONTENT

	Included	N/A
A. Application for Financial Assistance is completed, and proper signature and date included	_____	_____
B. Contact Person Information	_____	_____
C. Applicant Background is included	_____	_____
D. Applicant Experience is included	_____	_____
E. Assessment Narrative is included	_____	_____
F. Work Plan, including Collaboration Table Form, and Performance Measures are included	_____	_____
G. Financial Information		
1. Multiple Funding Sources Form is included and letters of good standing are attached if required	_____	_____
2. Budget:		
• Categorical budget is included	_____	_____
• Budget Summary Form is included	_____	_____
• Personnel Form is included if applicable	_____	_____
• Justification for Request for Equipment purchases is Included, if applicable	_____	_____
• Equipment List is included, if applicable	_____	_____
• Copy of most recently approved Indirect Cost Rate Agreement is included, if applicable; OR	_____	_____
• Indirect Cost Budget Category Detail Form is included	_____	_____
E. Other Required Forms and Documentation		
1. Historically Underutilized Businesses (HUBs)	_____	_____
3. Certification Regarding Lobbying	_____	_____
4. Nonprofit Board of Directors and Executive Director Assurances Form is included	_____	_____
5. TDH Assurances and Certifications Form is included	_____	_____
6. Program Assurances and Requirements	_____	_____
a. Assurance of Compliance with the Requirements For AIDS-Related Materials is included	_____	_____
b. HIV Contractor Assurances is included	_____	_____

### SUBMISSION OF APPLICATION:

\_\_\_\_ ORIGINAL AND SIX COPIES OF APPLICATION TO AUSTIN TDH:  
 \_\_\_\_ ONE COPY TO REGIONAL STD STAFF